



Veterans Health Care February 2003

1: Am J Epidemiol 2003 Feb 1;157(3):279; author reply 279
Comment on: Am J Epidemiol. 2002 May 1;155(9):810-8.
Re: "Cancer in Korean War Navy technicians: mortality survey after 40 years".
Hocking B.
PMID: 12543630

2: Am J Epidemiol 2003 Jan 15;157(2):141-8
Post-traumatic stress disorder and chronic fatigue syndrome-like illness among Gulf War veterans: a population-based survey of 30,000 veterans. Kang HK, Natelson BH, Mahan CM, Lee KY, Murphy FM.
The authors estimated the prevalence of post-traumatic stress disorder (PTSD) and illness resembling chronic fatigue syndrome (CFS) in the entire population of Gulf War and non-Gulf-War veterans. They also evaluated the relation between the extent of deployment-related stress and the risk of either PTSD or CFS. In 1995-1997, the authors conducted a health survey in which these two symptom-based medical diagnoses in a population-based sample of 15,000 Gulf War veterans representing four military branches and three unit components (active, reserve, and National Guard) were compared with those of 15,000 non-Gulf veteran controls. Gulf War veterans, compared with non-Gulf veteran controls, reported significantly higher rates of PTSD (adjusted odds ratio = 3.1, 95% confidence interval: 2.7, 3.4) and CFS (adjusted odds ratio = 4.8, 95% confidence interval: 3.9, 5.9). The prevalence of PTSD increased monotonically across six levels of deployment-related stress intensity (test for trend: $p < 0.01$), while the prevalence of CFS rose only at the low end of the stress spectrum. While deployment-related stress could account for the higher risks of both PTSD and CFS, additional factor(s) unique to the Gulf environment may have contributed to the risk of CFS among Gulf War veterans.
PMID: 12522021

3: Am J Surg 2003 Jan;185(1):69-73
Hemipelvectomy for severe decubitus ulcers in patients with previous spinal cord

injury.

Chan JW, Virgo KS, Johnson FE.

BACKGROUND: Patients with spinal cord injury (SCI) frequently have pressure ulcers. Surgery is sometimes needed to close them. In rare cases, hemipelvectomy is warranted for extremely severe complications. **METHODS:** We conducted a retrospective study using national Department of Veterans Affairs (DVA) computer data sets to identify clinical features of SCI patients who underwent hemipelvectomy for life-threatening septic complications of decubitus ulcers. **RESULTS:** Among the approximately 4 million patients receiving care in the DVA system, more than 40,000 patients were treated on an inpatient basis for SCI during the search period (fiscal years 1989 to 1998). They represent approximately 20% of the total national patient pool. There were 56 patients who supposedly had undergone hemipelvectomy. Chart review eliminated cases that did not meet our inclusion criteria, resulting in 8 evaluable cases. All had complete SCI due to trauma and later developed severe pressure sores with pelvic osteomyelitis or life-threatening soft tissue infection. **CONCLUSIONS:** This series is the largest reported to date. The surgery involved significant blood loss (mean 2.6 L). Reoperations and complications were common. The mortality rate was 25%, but the survivors were all markedly improved by the surgery. Some of the complications appeared to be related more to the SCI than to the pelvic sepsis or surgery, suggesting that meticulous perioperative care may be valuable in reducing the complication rate in SCI patients undergoing this radical operation for very severe sequelae of pressure ulcers.

PMID: 12531450

4: Arch Environ Health 2002 Jul-Aug;57(4):340-8

Chronic fatigue in a population-based study of Gulf War veterans.

McCauley LA, Joos SK, Barkhuizen A, Shuell T, Tyree WA, Bourdette DN.

Fatigue has been associated with illness in veterans of the Gulf War; however, few studies have confirmed self-reported fatigue by using clinical evaluation, and symptomatic veterans have not been evaluated with established criteria for Chronic Fatigue Syndrome (CFS). The authors describe the frequency and clinical characteristics of CFS in a sample of veterans residing in the northwestern United States. The sample was selected randomly from U.S. Department of Defense databases of troops deployed to southwest Asia during the Gulf War. The selected individuals were invited to participate in a clinical case-control study of unexplained illness. Of 799 survey respondents eligible for clinical evaluation, 178 had fatigue symptoms. Of the 130 veterans who were evaluated clinically, 103 had unexplained fatigue, and 44 veterans met the 1994 U.S. Centers for Disease Control criteria for CFS. In this population, the authors estimated a minimum prevalence of any unexplained fatigue to be 5.1%, and of CFS to be 2.2%. The estimated prevalence was greater among females than among males. Cases were similar to healthy controls, as determined by laboratory tests and physical findings. In comparison to several clinical studies of CFS patients, the authors of this study found a lower proportion of veterans who reported a sudden onset of symptoms (19%) vs. a gradual onset (50%). Although it has previously been suggested that veterans of the Gulf War

suffer from higher rates of chronic fatigue than the general population, the study results described herein--on the basis of clinical examination of a population-based sample of veterans-actually indicate that an increased rate may indeed exist. Gulf War veterans with unexplained fatigue should be encouraged to seek treatment so that the impact of these symptoms on overall quality of life can be reduced.

PMID: 12530602

5: BMC Public Health 2003 Jan 10;3(1):4

The study of reproductive outcome and the health of offspring of UK veterans of the Gulf war: methods and description of the study population.

Maconochie N, Doyle P, Davies G, Lewis S, Pelerin M, Prior S, Sampson P.

BACKGROUND: The aim of this study is to determine whether Gulf war veterans and their partners are at increased risk of adverse reproductive events and whether their children have increased risk of serious health problems. Methods and response to the study are reported here. METHODS: This was a retrospective cohort study of reproduction among UK Gulf war veterans, with a comparison cohort of Armed Service personnel who were not deployed to the Gulf. Reproductive history and details of children's health was collected by means of a validated postal questionnaire. A separate study of non-responders was conducted. RESULTS: Questionnaires were returned by a total of 25,084 Gulf war veterans (24,379 men) and 19,003 (18,439 men) subjects in the comparison group. After adjusting for undelivered mail the response rate was 53% for Gulf war veterans and 42% for non-Gulf veterans among men, 72% and 60% among women. Data from the non-responder study suggests that failure to respond to the main survey was largely unrelated to reproduction. 11,155 (46%) male Gulf war veterans and 7,769 (42%) male non-Gulf war veterans had conceived, or attempted to conceive, since the Gulf war. They reported 16442 and 11517 pregnancies respectively in that period. For women, 313 (44%) Gulf veterans and 235 (42%) non-Gulf veterans reported 484 and 377 pregnancies respectively conceived since the Gulf war. CONCLUSIONS: This survey enabled collection of information on a range of reproductive outcomes from veterans of the Gulf war and a suitably matched comparison cohort. Although the response rate for men was disappointing, selection bias related to reproduction does not appear to be strong in these data.

PMID: 12523940

6: Circulation 2003 Jan 21;107(2):245-50

C-reactive protein and ischemia in users and nonusers of beta-blockers and statins: data from the Heart and Soul Study.

Beattie MS, Shlipak MG, Liu H, Browner WS, Schiller NB, Whooley MA.

BACKGROUND: Elevated levels of C-reactive protein (CRP) are associated with an increased risk of coronary events, but whether inflammation is associated with inducible ischemia in patients with stable coronary disease is unknown. METHODS AND RESULTS: We recruited patients with known coronary disease from 2 VA Medical Centers and 1 University-based medical center for the Heart and Soul Study. We measured CRP levels in 118

participants who had exercise-induced ischemia and in 111 who did not have inducible ischemia, as determined by stress echocardiography. We used logistic regression to examine the risk of exercise-induced ischemia associated with elevated CRP. We found that 75% (39/52) of participants in the highest CRP category (>0.38 mg/dL) had inducible ischemia, compared with 45% (79/177) in the lower 4 categories combined (adjusted odds ratio 4.2; 95% confidence interval 1.6 to 11; $P=0.004$). However, this association differed in users and nonusers of beta-blockers and statins. Among 89 participants who did not use beta-blockers, 93% in the highest CRP category had exercise-induced ischemia, compared with 42% in the lower 4 categories ($P=0.03$). Among 67 participants who did not use statins, 94% in the highest CRP category had exercise-induced ischemia, compared with 44% in the lower 4 categories ($P=0.009$). We did not observe a significant association between CRP and ischemia among participants who were treated with either of these medications. CONCLUSION: Elevated CRP levels are associated with inducible ischemia in patients with stable coronary disease, particularly among those not treated with beta-blockers or statins. PMID: 12538423 [PubMed - indexed for MEDLINE]

7: Healthcare Benchmarks Qual Improv 2002 Dec;9(12):61-4
New performance model helps transform Veterans Health agency.
PMID: 12506441

8: J Neurol Neurosurg Psychiatry 2003 Feb;74(2):163-9
The relative health related quality of life of veterans with Parkinson's disease.
Gage H, Hendricks A, Zhang S, Kazis L.
OBJECTIVES: To use databases of the US Veterans Health Administration (VHA) to describe the impact of Parkinson's disease on health related quality of life (HRQoL) of veterans; to compare the HRQoL of veterans with Parkinson's disease with that of veterans reporting eight other neurological or chronic conditions; and to estimate the unique effect of Parkinson's disease on HRQoL. METHODS: Respondents to the VHA 1999 large national health survey of veteran enrollees with a diagnosis of Parkinson's disease in VHA treatment files for the fiscal years 1997-1999 were identified by merging databases. The survey incorporated the Veterans SF-36, a well validated generic measure of HRQoL and functional status. This was used to compare patient groups. Mean physical (PCS) and mental (MCS) component summary scores were calculated for Parkinson's disease and eight other diseases by multivariable regressions that adjusted for age, sex, race, education, and 15 mental and physical co-morbid conditions that were self reported in the survey. RESULTS: Of 887 775 survey respondents, 14 530 (1.64%) had a Parkinson's disease diagnosis. Controlling for sociodemographic factors and co-morbidities, veterans with Parkinson's disease had PCS and MCS below veterans with angina/coronary heart disease, arthritis, chronic low back pain, congestive heart failure, diabetes, and stroke. Veterans with spinal cord injury reported slightly lower PCS than veterans with Parkinson's disease (32.38 v 32.72; 0.03 of 1 SD). Veterans with depression reported markedly lower MCS than veterans with Parkinson's

disease (35.94 v 41.48; 0.55 of 1 SD). The unique effect of having Parkinson's disease on HRQoL was to lower PCS and MCS by 4.10 and 3.42 points (0.41 and 0.34 of 1 SD), respectively. CONCLUSIONS: The analysis quantifies the negative impact of Parkinson's disease on HRQoL, after controlling for sociodemographic factors and co-morbidities. Compared with eight other chronic conditions, Parkinson's disease imposes a relatively heavy burden on US veterans in the VHA health care system.
PMID: 12531940

9: J Pain Symptom Manage 2002 Nov;24(5):494-505

Longitudinal documentation of cancer pain management outcomes: a pilot study at a VA medical center.

Chang VT, Hwang SS, Kasimis B.

We measured pain outcomes in a cohort of patients with cancer pain in a general hematology/oncology setting at a Veterans Administration Medical Center (VA). The outcomes included pain relief, pain severity, changes in pain severity, interference scores, symptom distress, quality of life (QOL), and satisfaction. Seventy-four (74) consecutive patients with worst cancer-related pain equal to or greater than 4/10 were recruited. Cancer pain diagnoses were made and the cancer pain management guidelines of the United States Agency for Health Care Policy and Research were followed. Patients were followed weekly using the Brief Pain Inventory (BPI), medication diary, satisfaction questionnaire, visual analogue quality of life scale (VASQOL) and record of side effects for 3 weeks. The Functional Assessment of Cancer Therapy (FACT-G) and Memorial Symptom Assessment Scale Short Form (MSAS-SF) were used at initial and final interviews. The mean initial worst pain severity was 8.3 (range 4-10) and mean pain relief was 40% (range 0-100). By week 1, the majority of patients achieved pain relief of $\geq 80\%$, with a corresponding decrease in worst pain severity and pain interference scores. Pain continued to decrease over three weeks. At week 3, there was a significant improvement in the MSAS-SF psychological symptom distress subscale ($P = 0.02$). The average number of opioid-related side effects was 5 and remained steady over time. Most patients felt "quite a bit" or "very much" satisfied at all weeks. There was a significant improvement in VASQOL ($P < 0.005$) and in FACTG SUMQOL scores ($P = 0.007$). This experience demonstrates that cancer pain management can result in measurable and significant changes in pain relief, pain severity, pain interference scores, psychological symptom distress, and QOL scores.

PMID: 12547049

10: LDI Issue Brief 2001 Feb;6(5):1-4

Comparing VA and non-VA health care: the case of post-stroke rehabilitation. Stineman MG, Asch DA.

The Department of Veterans Affairs (VA) runs the largest integrated health system in the country, and provides care to nearly 4 million patients each year. It has been dogged by persistent doubts about its efficiency and quality of care, despite numerous quality improvement programs and an extensive reorganization in 1995. In fact, recent studies have found that health care in

the VA compares favorably with non-VA systems, in areas such as preventive care and treatment for acute myocardial infarction. This Issue Brief summarizes a comparison in another area-inpatient rehabilitation for stroke-and highlights the difficulty and complexity of assessing quality across systems of care.

PMID: 12524704

11: Mod Healthc 2002 Dec 23;Suppl:8, 10-5
By the numbers. Hospitals/healthcare systems.
PMID: 12528223

12: Obstet Gynecol 2003 Jan;101(1):93-102

Is burning semen syndrome a variant form of seminal plasma hypersensitivity?

Bernstein JA, Perez A, Floyd R, Bernstein IL.

OBJECTIVE: To identify an index population of Gulf War couples with burning semen syndrome and to determine whether burning semen syndrome was secondary to seminal plasma hypersensitivity. METHODS: Questionnaire surveys, screening laboratory testing for underlying medical disorders, including sexually transmitted diseases and immunoglobulin G and E immunoassays specific for seminal plasma protein, were performed. If subjects met the criteria for seminal plasma hypersensitivity, the Gulf War male veteran's seminal plasma proteins were used to desensitize his female sexual partner. RESULTS: Eighty-nine percent (188 of 211) of respondents had either personally experienced burning after contact with their own semen or had a sexual partner who had burning after contact with their semen. Asymptomatic female partners (three of five) of Gulf War veterans who exhibited specific immunoglobulin E skin and antibody responses to seminal plasma proteins responded successfully to rapid desensitization. Treatment results were confirmed by a provocative office challenge, consisting of instillation of whole seminal fluid into the female's vaginal vault and, if negative, subsequently by natural coitus. CONCLUSION: The results of this study indicate that seminal plasma hypersensitivity may present as burning semen syndrome in a subpopulation of Gulf War couples. Proper screening of Gulf War couples with clinical features of burning semen syndrome should include assessment for seminal plasma hypersensitivity reactions, as seminal plasma protein desensitization may induce remission of burning semen syndrome.

PMID: 12517652

13: Public Health Rep 2002 Nov-Dec;117(6):534-45

Developing scientific and policy methods that support precautionary action in the face of uncertainty--the Institute of Medicine Committee on Agent Orange.

Tickner JA.

To be precautionary, decisions must be made to prevent the impacts of potentially harmful activities even though the nature and magnitude of harm

have not been proven scientifically. The Institute of Medicine's Committee on the Health Effects in Vietnam Veterans of Exposures to Herbicides provides a novel example of science and policy structures that support precautionary action in the face of uncertainty. What makes this example unique is the clear set of precautionary decision rules that lowered the standard for evidence, which formed the basis for policy. These rules, established by Congress, strongly influenced the way scientific information was weighed and the subsequent compensation decisions. They encouraged committee members to think outside the confines of their disciplines and develop new tools and methods to fit their unique mandate. The result was a methodology, supported by strong institutional structures, that allowed scientists to discuss the evidence as a whole, reach decisions as a group, and clarify uncertainties.

PMID: 12576533

14: Qual Manag Health Care 2002 Spring;10(3):47-54

Baldrige-based quality awards: Veterans Health Administration's 3-year experience.

Shirks A, Weeks WB, Stein A.

This article describes the Veterans Health Administration's (VHA's) 3-year experience with an internal, Baldrige-based quality award. The authors examined scores for Veterans Integrated Service Networks (VISNs), which received site visits, variation in year-to-year survey outcomes for repeat applicants, and variation in survey team reports for a VISN with multiple surveys. Individual VISNs that applied in multiple years had mixed results. Variation in feedback reports was not significant. Although some VISNs increased their scores over time, there was not measurable, systemwide improvement. Three years may be too short a time to significantly affect Baldrige scores in an organization as large as VHA.

PMID: 12512465

15: Qual Manag Health Care 2002 Spring;10(3):71-6

The VA National Quality Scholars Fellowship Program: current status, future directions.

Pincus SH, Wolff EM, Melander EH.

The National Quality Scholars Fellowship Program has been highly successful in recruiting excellent fellows for training in process improvement and quality principles. Opportunities for improvement include improved communication with facility personnel and closer alignment with local improvement needs. Retention/recruitment of these skilled physicians and creation of a network of trained Veterans Affairs (VA) physicians are newly articulated goals.

PMID: 12512468 [PubMed - indexed for MEDLINE]

16: Qual Manag Health Care 2002 Spring;10(3):31-9

Anthrax attacks and practice patterns: a learning opportunity for health care systems.

Jones JW, Kiefe CI.

Sudden and unexpected events directly influencing clinical practice patterns are uncommon. After the first report of bioterrorism-related anthrax, the authors studied retrospectively 13 months of anthrax-related antibiotic prescription rates for Veterans Affairs outpatients in one urban area where no cases of anthrax were reported. During the 26 days after the first anthrax report, the rate of acute respiratory illnesses treated with fluoroquinolones was 62.8 per 10,000 outpatient visits, an increase of 41 percent over the rate of 44.4 observed approximately one year earlier ($p = 0.058$). Acute sociopolitical events such as bioterrorist attacks present a unique opportunity to investigate changes in health care.
PMID: 12512463

17: Qual Manag Health Care 2002 Spring;10(3):25-30
Improving the effectiveness of physician participation in local quality improvement efforts.
Foster T, Ogrinc G, Hamby L, Weeks WB.
The authors present five success factors for medical students, residents, and fellows to consider when engaged in quality improvement projects: (1) add value, not work; (2) start small and build; (3) move quickly; (4) adapt, innovate, and collaborate; (5) produce understandable results. Using examples from the Veterans Affairs National Quality Scholars Fellowship Program, they describe how these factors were used successfully. While not the only steps to take, these critical success factors proved helpful in defining the problem to be addressed, engaging leadership, and anticipating the resolution of conflict.
PMID: 12512462

18: Qual Manag Health Care 2002 Spring;10(3):10-8
A curriculum for training quality scholars to improve the health and health care of veterans and the community at large.
Splaine ME, Aron DC, Dittus RS, Kiefe CI, Landefeld CS, Rosenthal GE, Weeks WB, Batalden PB.
In 1998, the Veterans Health Administration invested in the creation of the Veterans Administration National Quality Scholars Fellowship Program (VAQS) to train physicians in new ways to improve the quality of health care. We describe the curriculum for this program and the lessons learned from our experience to date. The VAQS Fellowship program has developed a core improvement curriculum to train postresidency physicians in the scholarship, research, and teaching of the improvement of health care. The curriculum covers seven domains of knowledge related to improvement: health care as a process; variation and measurement; customer/beneficiary knowledge; leading, following, and making changes in health care; collaboration; social context and accountability; and developing new, locally useful knowledge. We combine specific knowledge about the improvement of health care with the use of adult learning strategies, interactive video, and development of learner competencies. Our program provides insights for medical education

to better prepare physicians to participate in and lead the improvement of health care.

PMID: 12512460

19: Qual Manag Health Care 2002 Spring;10(3):3-9

Knowledge for improvement: who will lead the learning?

Batalden PB, Stevens DP, Kizer KW.

If we wish to improve the results of a system, what is needed to help health professionals learn about the redesign of that system? To create learning experiences that will attract good health professionals, a special blend of practical insight and critical thinking is required. To enjoy good standing in the academy, these leaders must be able to design, conduct, and disseminate knowledge-building activities subject to peer review. This is the story of the development of the United States Veteran's Health Administration Quality Scholars Program from those who designed and formed it to prepare health professional teachers and academics.

PMID: 12512459

20: SCI Nurs 2002 Summer;19(2):71-3

Making SCI history one year at a time.

Parsa CR.

PMID: 12510509

21: SCI Nurs 2002 Spring;19(1):22-4

Data abstraction: designing the tools, recruiting and training the data abstractors.

Simmons B, Bennett F, Nelson A, Luther SL.

Data abstraction is very exacting work requiring that data abstractors have both knowledge and experience of phenomena being studied. Quality of the data and efficiency of the data abstractors are dependent upon the content and design of the data abstraction tools. Taking the time to recruit and train qualified data abstractors and to develop effective data abstraction tools will result in data that not only answers the research question, but also withstands the most rigorous critique.

PMID: 12510501